

**Rural Healthcare Workforce Group  
Meeting Summary  
October 28, 2002**

**Introduction/Attendees:**

Bud Lee, Rural Health Policy Council/OSHDP  
Pablo Rosales, Office of Statewide Health Planning & Development  
Brian Keefer, Department of Mental Health  
Lauri Paoli, California State Rural Health Association  
John Allard, Hospital Council of Northern & Central California  
Alecia Rossi, The California Endowment  
Kiki Nocella, University of Southern California (Family Medicine)  
Jack Burrows, Association of California Hospital Districts  
Linda Zorn, Regional Occupations Resource Center (Butte College)  
Speranza Avram, Northern Sierra Rural Health Network  
Bill Panek, Blue Shield of California  
Elizabeth Saviano, Department of Health Services  
Mario Gurierrez, The California Endowment  
Marisa Cheung, The California Endowment  
Ron Selge, California Community Colleges Chancellor's Office  
Sharon Avery, CA Healthcare Association, Rural Board Center  
Kathleen Maestas, Rural Health Policy Council

**Background:**

- Bud presented background information including an issue of the "Health Workforce Revisited" publication. The RHPC will send out a list of the articles included and if anyone would like a copy of a particular article(s) may contact the Rural Health Policy Council Office at (916) 654-0096 or 1-800-237-4492 or e-mail Kathleen Maestas at [kmaestas@oshpd.state.ca.us](mailto:kmaestas@oshpd.state.ca.us).
- Informed the group the Rural Health Policy Council will be the convener of this group/structure. Its purpose is to provide a forum for public and private sector stakeholders to convene physically or telephonically for the purpose of stakeholders. He presented a proposed "Charge" of the Rural Healthcare Workforce Group asked for a reaction and input from the group. (Copy of the proposed Charge attached).

**Group Reaction:**

1. In addition to what is included in the proposed "Charge," distance learning should be made more specific. The group agreed to add "including evolving technologies."
2. It was suggested this group is not about stakeholders. The group should be an "Action" that will make a difference

### 3. Who else should be represented?

Dental	SoCal
Pharmacy	AHEC
Radiology	CMA
Mental Health	CHEAC
Medical Schools	RCRC
Nursing Schools	CCLHO
Universities	UCSF
Song Brown	ROP Programs
Tide Centers	Professions
Labor Dept.	Education
Public Heal Nursing Directors	Hospital and/or Clinic
Health Administration	Administator(s)

### 4. Positive Outcomes of Meeting: Group Input

- Collaboration/networking
- Summarize what is going on
- Have an action to work on and communicate
- RHA Program
- Identify “who is not here”?
- What should “I do” tomorrow?
- Action Plan to identify by job class
- Have a clear purpose.
- Bridge initiatives to others
- Agreement to review history
- Find tipping points to leverage resources

+++ Resource Mapping

#### Strategies:

Group skipped the “concerns/issues” section, because there have already been many strategies and rather than to “reinvent the wheel” this group listed many previous strategies divided the list amongst themselves (self-appointed). Each self-appointed individual/group will revisit these strategies, find out what exists, has it been defused, what is needed and forward the information to the Rural Healthcare Workforce Group members.

The list of strategies included:

Distance learning	Scope of practice (mid-levels)
Regional planning	Demonstration projects
Loan forgiveness	Rural rotation programs
Nurse preceptor	Team model approaches
20/20 program	Grade/high school (career academy)
BBA 97	Career Ladders

## Strategies cont'd

Jobs/spouse's job  
Infrastructure  
Higher salaries  
Marketing desirability of rural communities  
Change other licensing requirements  
Change entrenched "status quo"  
Reduce credentialing barriers  
Separate rural "vs" urban for legislative debates  
Increase diversity, where appropriate  
Require rural residencies  
Regranting to provide for retention (RU/POP)  
Lack of medical OB direct incentives.  
Board level participation in recruitment  
UC Medical schools' adoption of rural communities\

## Strategy

## Individual(s) Designated

Distance learning Career Ladders 20/20 Program (will provide committee write-up. (emphasis on mental health)	Brian Keefer
Loan forgiveness (overlap of state and federal programs) Scope of practice for midlevels in all disciplines. Demonstration projects (OSHPD has pilot project authority) Provide a "grid" showing what position can supervise which positions and the requirements for each.	Pablo Rosales Bud Lee
Regional Planning ROP	Elizabeth Saviano Contact Beth Campbell, Dept of Educ.
BBA 97	Kiki Nocella
Team model approaches Will provide an existing "on-line" manual and write up.	Brian Keefer
Rural Rotation program (Med/DDS/RX/Psych)\	Kiki Nocella will work with medical /dental.

Comment: programs exist, not popular.	Brian Keefer will provide psych info.
Incentives Jobs/spouse's job Infrastructure Higher salaries Emergency fund for students Marketing "desirability" of rural communities Retention Comment: Huge, but not much this group can do about it.	Requires California Funders Groups Foundations
Change other licensing requirement (very different than scope of work) and reduce credentialing barriers (this is more of an administrative issue.	Pablo Rosales and Bud Lee will look at issues/barriers.
Separate "rural" vs "urban for legislative debate.	None Comment: not much can be done - educate
Increase diversity where appropriate	Brian Keefer for mental health, can be expanded to other disciplines
Co-located care Are there liability issues? Competency?  Comment: Group should just be informed. This is larger than we the group can do anything about.  Oral health initiative	HRSA looking at this →long term planning, regs, curriculum  Kiki Nocella provided link to community health governance: <a href="http://www.cacsh.org">www.cacsh.org</a>  Linda Zorn
Regranting to provide for retention RU/POP (rural underserved/population Opportunity Program) funded by The Cal Endowment  Evaluation component	Speranza Avram   Mario Gutierrez
Lack of MediCal OB direct incentives	None
Board level participation in Recruitment Leadership development	Bud Lee will contact Sierra Health
UC Medical Schools' adoption of Rural Communities (Do CA universities have ongoing resources, volunteers, structures?) (Tend to be "CA focused" need to look outside CA)	Office of Planning and Research

Members will e-mail the information to group members. Kathleen Maestas and RHPC staff will scan the info submitted, determine if they have been defused, how far and what the barriers are.

Lauri Paoli will work with Kathleen in coordinating the information received. CSRHA will catalog the information and will place their website.

Speranza suggested that the group view an 8-minute video filmed by *California Connected*.

### **What is next?**

- Kathleen will send members' e-mail address and recommended list of "additions" to the group.
- It was suggested for the purpose of being a "productive" group we should be careful with the size of group for next meeting. The group will include this meeting's attendees and selected individuals from organizations on the recommend list.
- Next meeting will held be January 3, 2003. Mario Gutierrez offered the California Endowment facilities for the meeting.
- Members prefer to meet in persons and if necessary a teleconference will be arrange between Northern and California groups.
- At next meeting, after reviewing and sensitizing the information received, the group will identify any gaps that exist (barriers).
- Select 2 or 3 most helpful strategies to where we can make a difference.
- Take Action

